



STATE OF MISSOURI  
REAL ESTATE COMMISSION

**AFFIDAVIT FOR CLOSING OF A REAL ESTATE FIRM**

3605 MISSOURI BLVD.  
P.O. BOX 1339  
JEFFERSON CITY, MO 65102  
(573) 751-2628

**INSTRUCTIONS**

This form must be completed and submitted to the Missouri Real Estate Commission on or before the date of closing, merger or sale of a licensed real estate firm.

Return license of firm and licenses of all individuals associated with the firm.

Information should be typed or printed in black ink.

1. NAME OF BROKER OR ENTITY AND ITS DESIGNATED BROKER		BROKER/ENTITY LICENSE NO.
ADDRESS (STREET, CITY, STATE, ZIP)		
2. DATE THE FIRM WILL CEASE TO DO BUSINESS		
3. MARK BOX WHICH BEST DESCRIBES REASON FOR CLOSING OF FIRM.		
<input type="checkbox"/> Voluntary Closing <input type="checkbox"/> Merger <input type="checkbox"/> Sale of Firm		
<input type="checkbox"/> Revocation/Suspension <input type="checkbox"/> Death of Broker <input type="checkbox"/> Disability of Broker		
4. NAME OF CUSTODIAN OF RECORDS		
CUSTODIAN ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE NUMBER (AREA CODE)
LOCATION OF RECORDS (STREET, CITY, STATE, ZIP)		TELEPHONE NUMBER (AREA CODE)
5. PLEASE COMPLETE THE FOLLOWING, IF YOU ANSWER "NO" TO ANY STATEMENT OTHER THAN 5C, EXPLAIN IN DETAIL ON REVERSE SIDE.		
<b>YES    NO</b>		
A. <input type="checkbox"/> <input type="checkbox"/> I have notified all licensees affiliated with the firm in writing of the effective date of closing.		
B. <input type="checkbox"/> <input type="checkbox"/> I have attached the licenses of all licensees including myself and the firm.		
C. <input type="checkbox"/> <input type="checkbox"/> Are there any pending transactions, including those in dispute, fallen through or where funds are being held for completion?		
If YES, provide a complete list, including the names, addresses and telephone numbers of all buyers, sellers, property owners and closing agents. If a transaction is in dispute, fallen through or funds are being held for completion, also provide: age of the transaction; detailed explanation of what has transpired; what measures have been taken to resolve the matters; and identify the amount of funds held.		
If NO, mark appropriate box indicating why there are no pending transactions.		
<input type="checkbox"/> All pending transactions have been closed.		
<input type="checkbox"/> I did nothing that required a real estate license, including property management. (Disregard D thru I. Complete 6 and 7 on reverse.)		
<input type="checkbox"/> Other (Explain in detail on reverse side.)		
D. <input type="checkbox"/> <input type="checkbox"/> I have notified all listing and management clients, all parties to existing contracts and all co-brokers in writing of the effective date of the firm's closing.		
E. <input type="checkbox"/> <input type="checkbox"/> I have notified all listing and management clients in writing that they may enter into a new listing agreement with a broker of their choice.		
F. <input type="checkbox"/> <input type="checkbox"/> I have cancelled all advertising in the name of the firm, including but not limited to, office signs, telephone listings, etc.		
G. <input type="checkbox"/> <input type="checkbox"/> I have removed all advertising signs from listed or managed properties.		
H. <input type="checkbox"/> <input type="checkbox"/> I have notified all parties to transactions in writing of the name, address and telephone number of the closing agent.		
I. <input type="checkbox"/> <input type="checkbox"/> I have written authorization from all parties to designate the method of closing.		

6. How many escrow accounts were maintained by the firm? \_\_\_\_\_ If escrow accounts were maintained and written consent prior to closing was obtained from all parties to dispose of funds, mark appropriate box/boxes below indicating the disposition of the funds. If escrow accounts were maintained and written consent was NOT obtained from all parties to dispose of funds, explain in detail below.

- |  |   |
|--|---|
| <input type="checkbox"/> closed account(s)   | <input type="checkbox"/> only personal monies remain in account             |
| <input type="checkbox"/> transferred monies to lending institution                         | <input type="checkbox"/> transferred monies to an attorney or title company |
| <input type="checkbox"/> transferred monies to an escrow company                           | <input type="checkbox"/> transferred monies to the acquiring broker         |
| <input type="checkbox"/> transferred monies to the parties having an interest in the funds |   |

If escrowed monies were transferred to others, complete the following: (Attach list of additional custodians.)

NAME OF CUSTODIAN OF ESCROWED MONIES	TELEPHONE NUMBER (AREA CODE)
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ADDRESS (STREET, CITY, STATE, ZIP)
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7. I, the aforementioned broker/designated broker, certify that I have complied with all of the terms of 4 CSR 250-8.155 and that the information provided on this form is true and correct to the best of my knowledge. I will maintain for at least three years business books and records including, but not limited to, voided checks, contracts, closing statements and correspondence relating to real estate and property management transactions of the aforementioned proprietorship/entity.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF BROKER/DESIGNATED BROKER Ⓡ		DATE
	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 19		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		